

DURHAM CHILDREN'S AID SOCIETY
BABYSITTING CHECKLIST

In an emergency: Call 911

Home address:

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Home phone #:

Mother's name:

Mother's work #

Father's name:

Father's work #:

Doctor:

Other people I can call if I need help:

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Parent's whereabouts:

.....

When parents are expected home:.....

Medication the children need:.....

.....

Other medical concerns about the children:.....

.....

Health insurance #:

Other:

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